



## **RE-CERTIFICATION APPLICATION**

- CLEVELAND AREA BUSINESS PROGRAM
  - LOCAL PRODUCER & SUSTAINABLE BUSINESS PROGRAM

**CITY OF CLEVELAND  
FRANK G. JACKSON, MAYOR**

**NATOYA WALKER MINOR, CHIEF PUBLIC AFFAIRS  
OFFICE OF EQUAL OPPORTUNITY**

(Rev.2/2011)

**CITY OF CLEVELAND  
OFFICE OF EQUAL OPPORTUNITY (OEO)**

**RE-CERTIFICATION APPLICATION**

**Requirements for Applicant:**

1. Certification must be renewed annually. A re-certification application form follows on the next page.
2. You must initiate the re-certification by submitting the form.
3. You must initiate the re-certification before the expiration date of your certification for the prior year. Please note it is the responsibility of the certified business owner to reapply before the annual expiration.
4. No re-certification form will be accepted unless it is printed or typewritten, notarized and bears the signature(s) of the owner(s).
5. You must complete a new certification application package if any of the following circumstances apply:
  - a. There has been a change in ownership or control of your company, or
  - b. You have added or deleted a product line or service, or
  - c. Your business has relocated (change of address) and/or
  - d. There is other information which should be included in OEO's certification file.
6. Every five (5) years after your original certification, you must apply for certification via the full initial certification application process.
7. Please mail application to: Cleveland City Hall  
Mayor's Office of Equal Opportunity  
601 Lakeside Avenue, Room 335  
Cleveland, OH 44114

*This certification form does not waive the right of the City Of Cleveland to request additional information, or from making site visits as part of the certification process. The Office of Equal Opportunity retains the right to deny certification to a company even when other entities have decided to grant that company certification.*

### Re-Certification Affidavit and Application

Please check all that apply to you: MBE \_\_\_\_ FBE \_\_\_\_ CSB \_\_\_\_ LPE \_\_\_\_ SUBE \_\_\_\_

Company Name: \_\_\_\_\_

Address: (where CEO and top management perform their management duties)

\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Owners Name(s), Title(s), % of business owned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain changes from prior year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of products and/or services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that the information currently on file in The Office of Equal Opportunity is correct

\_\_\_\_\_  
**Must be initialed.**

#### Please submit the following documents with this Affidavit:

- \_\_\_\_\_ Current copy of your workers' compensation certificate.
- \_\_\_\_\_ Current copy of your certificate for liability insurance for business.
- \_\_\_\_\_ Copies of current contracts, invoices and/or purchase orders in the area of certification.
- \_\_\_\_\_ Current copy of any licenses applicable to your scope of services and/or supplies.
- \_\_\_\_\_ Current Validation of Sustainable Organization (SUBE)
- \_\_\_\_\_ Federal tax returns (current & previous year)

Explain if any of the above documents are not required for the applicant's business.

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Gross Revenue

Most recent fiscal year \_\_\_\_\_

Fiscal year prior to the above \_\_\_\_\_

STATE OF OHIO:    )  
                              ) S.S.  
CUYAHOGA COUNTY    )

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the  
\_\_\_\_\_ of \_\_\_\_\_, and the  
foregoing information in this affidavit and application is true to the best of my knowledge.

NOTARIZATION: (Sign in the presence of a NOTARY PUBLIC)

Signature: \_\_\_\_\_  
Name (print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
On this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me appeared  
(Name) \_\_\_\_\_, that he or she was properly authorized by (Name of  
Firm) \_\_\_\_\_, to execute the Affidavit and did so of his or her free act  
and deed.

(Seal) Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

***For internal use only***

Tax return reviewed? \_\_\_\_\_ If so, by whom \_\_\_\_\_

Date \_\_\_\_\_ Any discrepancies noted? \_\_\_\_\_

If so, what discrepancies?

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